DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 129

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 129

1. PLACE OF DEATH: 1

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 15

(d) Street No. 5231 Virigina (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margaret Smith 530

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec, 17, 1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George Unkown 0
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant's own signature Wm. C. Wolston

(b) Address 309 Weiss

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/40. (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Fendler Und Co.

(b) Address 7420 Michigian

19. (a) JAN 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd year 1940 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of Liver and Kidney and Fractured Humerus, suffered when struck by an automobile

Duration

Due to driven by one Carl Henry Klingemann, in front of 5231 Virginia Ave

Due to about 12:30 o'clock PlM. Jan. 2nd, 1940

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence January 2nd, 1940

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place (Specify type of place)

While at work? (e) Means of injury 4

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 1-5-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Oliver E. Findley, Registered Apprentice No. 186 working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.